



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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|   |                        |                   |
|---|------------------------|-------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/027,490        |
|   | Filing Date            | December 21, 2001 |
|   | First Named Inventor   | Takamitsu AOKI    |
|   | Art Unit               | 2644              |
|   | Examiner Name          | T. M. Jacobson    |
| Total Number of Pages in This Submission  | Attorney Docket Number | 393032029800      |

**ENCLOSURES (Check all that apply)**

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Receipt Postcard |
| <b>Remarks</b>  |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |  |          |        |
|--------------|--|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP (Customer No. 25224) |          |        |
| Signature    |  |          |        |
| Printed name | David T. Yang                                |          |        |
| Date         | June 16, 2005                                | Reg. No. | 44,415 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 16, 2005

Signature:

(David T. Yang)



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

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|   |      |                          |                   |
|---|------|--------------------------|-------------------|
| <b>FEE TRANSMITTAL</b><br>For FY 2005   |      | <b>Complete if Known</b> |                   |
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |      | Application Number       | 10/027,490        |
|   |      | Filing Date              | December 21, 2001 |
|   |      | First Named Inventor     | Takamitsu AOKI    |
|   |      | Examiner Name            | T. M. Jacobson    |
|   |      | Art Unit                 | 2644              |
|   |      | Attorney Docket No.      | 393032029800      |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                      |      |                          |                   |
| TOTAL AMOUNT OF PAYMENT   | (\$) | 120.00                   |                   |

|   |   |
|---|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |   |
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____   |   |
| <input checked="" type="checkbox"/> Deposit Account   | Deposit Account Number: 03-1952   |
| Deposit Account Name: Morrison & Foerster LLP   |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                    |                     |   |                      |                                  |                       |                       |
|---|--------------------|---------------------|---|----------------------|----------------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                    |                     |   |                      |                                  |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                    |                     |   |                      |                                  |                       |                       |
|   | <b>FILING FEES</b> |                     | <b>SEARCH FEES</b>                                      |                      | <b>EXAMINATION FEES</b>          |                       |                       |
|   |                    | <u>Small Entity</u> |   | <u>Small Entity</u>  |                                  | <u>Small Entity</u>   |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>       | <b>Fees Paid (\$)</b> |
| Utility   | 300                | 150                 | 500   | 250                  | 200                              | 100                   |                       |
| Design  | 200                | 100                 | 100   | 50                   | 130                              | 65                    |                       |
| Plant   | 200                | 100                 | 300   | 150                  | 160                              | 80                    |                       |
| Reissue   | 300                | 150                 | 500   | 250                  | 600                              | 300                   |                       |
| Provisional   | 200                | 100                 | 0   | 0                    | 0                                | 0                     |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                    |                     |   |                      |                                  |                       |                       |
|   |                    |                     |   |                      |                                  | <u>Small Entity</u>   |                       |
|   |                    |                     |   |                      |                                  | <b>Fee (\$)</b>       | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                    |                     |   |                      |                                  | 50                    | 25                    |
| Each independent claim over 3 (including Reissues)  |                    |                     |   |                      |                                  | 200                   | 100                   |
| Multiple dependent claims   |                    |                     |   |                      |                                  | 360                   | 180                   |
| <b>Total Claims</b>   |                    | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                       |                       |
| _____   |                    | _____               | x _____   | = _____              | <b>Fee (\$)</b>                  |                       | <b>Fee Paid (\$)</b>  |
| _____   |                    | _____               | x _____   | = _____              | _____                            |                       | _____                 |
| <b>3. APPLICATION SIZE FEE</b>  |                    |                     |   |                      |                                  |                       |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                     |   |                      |                                  |                       |                       |
| <b>Total Sheets</b>   |                    | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                      | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>  |                       |
| _____   |                    | _____               | /50 _____ (round up to a whole number) x _____          |                      | _____                            | _____                 |                       |
| <b>4. OTHER FEE(S)</b>  |                    |                     |   |                      |                                  |                       |                       |
|   |                    |                     |   |                      |                                  | <b>Fees Paid (\$)</b> |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                    |                     |   |                      |                                  |                       |                       |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month   |                    |                     |   |                      |                                  | 120.00                |                       |

|                     |               |                                   |                |
|---------------------|---------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |               |                                   |                |
| Signature           |               | Registration No. (Attorney/Agent) | 44,415         |
| Name (Print/Type)   | David T. Yang | Telephone                         | (213) 892-5587 |
|                     |               | Date                              | June 16, 2005  |